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CONFIRMATION NO. 2487

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## APPLICANTS

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 \*\* CONTINUING DATA \*\*\*\*\* *up* *SA*

This appln claims benefit of 60/405,960 08/26/2002

 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *none* *SA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 11/18/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR  COUNTRY IN	SHEETS  DRAWING 18	TOTAL CLAIMS 33	INDE  (
Examiner's Signature	<i>Shumay</i>	Initials	<i>SA</i>		

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## TITLE

Dental anesthesia administration mask and eye shield

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